Approved for use through 7/31/2006, OMB 0631-062

		81	MON FEE D	ETERMINA m PTO-875	TION RECO	RD	A	Colorador de Color	OMB control or
• •	CLAIM	IS AS FIL	ED - PART I					7. 92	6366
· · · · ·		(Column 1) (Column 2)			SM	WLL ENTIT	Y	or e	THER THAN
FOR BASIC FEE		MUMBER FILED		UMBER EXTRA	7.0			<u> </u>	ANTT ENLINA
(37 CFR 1.16(a)	1				- RAT		_	RAT	EREE
TOTAL CLAIMS 37 CFR 1.16(c)			(m.20) =	<del></del>	<u>-</u> -	. Se	5.00	DR	:790
NDEPENDENT	CLAUIC	minus 20 =			x at	5.			1000
37 OFR 1.16(b)		minus 3 =			× Ja			× × 50	
MULTIPLE DEPENDENT CLAIM PRESENT (SF CFR L18(d))					1 1.18		<b>-</b> ⊢ °	x x 200	
"I'me difference in column, I is less than zero, eater "O" in column 2.					1 1+3(1)	<u></u>	•	R +36	
CLAIMS AS AMENDED PART II					TOTAL	· <u>L</u>	。	R TOTAL	1.7
•	CLAIMS AS	AMEND	ED - PART II		•	• •	· .		· —
-	Column 1	<b>)</b>	Column 2	(Column 3)		•			
<	CLAMS		HIGHEST	A (COMMIN 3)	SMA	LENTITY	. 0	R OTI	ER THAN
;	REMAINS	iG	NUMBER	PRESENT	RATE		<b>一</b> .	-	TT ENIMY
Fotal (# CFR LSQ(	AMENDUS	MT.	PARTIFOR	Y EXTRA	11	TIONA	. I ·	: RATE	· A004
· Fotal		· Edina	1 28	1 = 1	1	FEE		L·	TIONAL
Independent		Minu	1-08		1 235	.]	OR	×4.50	
	<del></del>			<b>≯</b> `	xJQ	,			<del></del>
FRET PRESENTATION OF MULTIPLE DEPENDENT CLASM (07 CFR 1.18(d))						: <del> </del>	- . !OR	×200	4
4-12-06						<del>'</del>	OR OR	-36D	· :
4-16.	(Column 1)				TOTAL ADD'L FEE		OR	ADD'L FEE	1
	CLASAS	<del></del>	(Cotumn 2) HIGHEST	(Column 3)					
	REMAINING	• ]	MUMBER	PRESENT	RATE	T	7		
	AMENDMEN	r i	PREVIOUSLY PAID FOR	EXTRA	WIE	ADDI- TIONAL	1	RATE	ADDI
CE CHR LINGS	21.	Minus		1-	100	- FEE	<b>.</b>  .		TIONAL
fridepondenti Car che Lichte	1. 2	Minus	28	0	.92	<u>L</u>	OR	×:50	0
· ·		ــــــــــــــــــــــــــــــــــــــ	1 3	0	± 100	•	OR.	× 200	
FREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1.16(4))							7		.0
٠	•	•			4:180	<del>                                     </del>	OR	+.300	0.
	<b>M</b>			•	A00'L FEE		OR	ADD'L FEE	.()
	(Column 1)	7	(Column 2)	(Column 3)	. *		• •	'	
	REMAINING	. ]	HIGHEST .	PRESENT			1		
• .	AFTER	. [	PREVIOUSLY	EXTRA	RATE	ADD+		RATE	ADDI-
Total (ST CFR LIGHT	1	Mirrus	PAID FOR	-		FEE			TIONAL
	<del> </del>		<u> </u>		1125		: 1	7	ÆE
(at CHR 1.16(b)).	<u></u>	Minus	•••		× 100	<u> </u>	OR·	×1.50	
FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 CFR 1.16(d))							OR	× 2001	
·	<del>,,</del>		Warrent (8) (CF)	x 1.15(d)	+1/XO		OR .	+:260	
TO AD the entry in column 1 is less than the entry in column 2, entite "Criticolumn 1 is less than the entry in column 2, entite "Criticolumn 3							- L	TOTAL	
If the Highest	www. 1 is less the Number Provious	an the entry ly Patri Kar	in column2, action IN-THIS SPACE IN THIS SPACE IS INTHIS SPACE IS INTHIS SPACE IS INTHIS SPACE IN THIS SPA	Tan column 3.			OR	ADDIFFEE	
	4	y	** **********						

The Highest Number Previously Paid For' [Total or Independent] is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPIO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to tasks 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPIO. Time will vary depending upon the including case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.